2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F52246

1. Entity Name

KOETZ & COMPANY, INC.

FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90234 033 ***150.00

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Principal Place of Business 445 W. ERIE STREET 5B CHICAGO IL 60610		Mailing Address 445 W. ERIE STREET 5B CHICAGO IL 60610 US						
US 2. Principal Place 825 S War	ce of Business	3. Mailing Address 825 S. Waukeg	jan Roa	.d				i Alait aikii taat
825 S. Waukegan Road Suite, Apt. #, etc. PMB 123		Suite, Apt. #, etc. PMB 123			XX	CHECK HERE IF MA	AKING CHANG	
City & State Lake Forest, IL		City & State Lake Forest, IL		4. FEI Number 5	9-2128110		Applied For Not Applicable	
Zip 600 4 5	Country USA	60045	Country USA	у .	5. Certificate of St		Fee Requ	Additional uired
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Regist	erea Agent	
	· · · · · · · · · · · · · · · · · · ·	· .•	1	Name	· ·	-		
KOETZ, LER	roy e Scott Street			Street Address	(P.O. Box Number is !	Not Acceptable)		
PENSACOLA	A EI				_	:]
PENSACOLA	N'FL		•	City	~		FL Zip C	Code
	named entity submits this statement f	for the purpose of changing if	its registered	d office or regist	ered agent, or both, in	the State of Florida.	l am familiar w	ith, and accept
8. The above no the obligation	named entity submits this statement in ons of registered agent.	or the purpose of changing in			-			
CICALATURE							DATE	
SIGNATURE	signature, typed or printed name of registered ager	nt and title if applicable. (NC	OTE: Registered	Agent signature requi	red when reinstating)			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 JAN 2003

312-642-5800

Daytime Phone #